STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155178	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW	**609 W TANGLEWOOD LN MISHAWAKA, IN 46545**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This survey was for the Investigation of Complaint IN00169955, Complaint IN00170289, Complaint IN00170290, and Complaint IN00170566.

Complaint IN00169955 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00170289 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00170290 - Substantiated. No deficiencies related to the allegations are cited.
Complaint IN00170566 - Substantiated. No deficiencies related to the allegations are cited.

Survey dates: March 29 - 31, 2015

Facility number: 000094
Provider number: 155178
AIM number: 100290310

Survey team: Honey Kuhn, RN

Census bed type:
SNF/NF: 97
Total: 97

Census payor type:
Medicare: 12
Medicaid: 75
Other: 10
Total: 97

Sample: 8

Golden Living Center - Fountainview was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155178	A. BUILDING _____ B. WING _____	C 03/31/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-FOUNTAINVIEW	**609 W TANGLEWOOD LN MISHAWAKA, IN 46545**

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F 000	Continued From page 1 Investigation of Complaint IN00169955, Complaint IN00170289, Complaint IN00170290, and Complaint IN00170566. Quality Review 04/01/15 by Lisa McColly	F 000		